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PTO/SB/21 (08-00)

**TRANSMITTAL
FORM**

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/720,190
		Filing Date	02/20/2001
		First Named Inventor	Klaus-Dieter Vorlop
		Group Art Unit	1713
		Examiner Name	Marie L. Reddick
Total Number of Pages in This Submission		Attorney Docket No.	64251-010

ENCLOSURES *(check all that apply)*

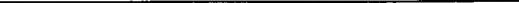
<input type="checkbox"/> Charge Deposit Account -08-3460	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declarations(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request To Rescind Previous Nonpublication Request
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Notice of Allowability
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s): Affidavit of Inventor, Check and Postcard Receipt
<input type="checkbox"/> Response to Missing Parts Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<p>Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet</p>	
<input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Robert C. Haldiman, Reg. No. 45,437
Signature	
Date	Oct 20, 2004

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. date: 10-01-04

Typed or printed name	Deborah Lane-Christian		
Signature		Date	10-21-04

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